ALLIED

REPORT OF INTERMENT

DATE OF REPORT: 15 April 1959

TYPE OF REPORT: [X] INITIAL [ ] SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

TURKEY
I.D. tags
unable to
print
TURKEY

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
DoNMEZ SULEYMAN	T-48282

GRADE	ORGANIZATION	BRANCH OF SERVICE
PFC	HQ Co TAFC	Army

RACE	RELIGION	COUNTRY (If not U.S.)
Cau	Islam	Turkey

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
2nd Bn, Turk Brig	Vehicle Accident	12 April 1959

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): None

WERE SUBSTITUTE TAGS PROVIDED? Three [X] YES [ ] NO (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert. of identity rec'd with remains signed by ATA AHMET, INCEFIFIR SALIH, DONMEZ OMER, TAFC. Verified by IREZ NEZIH, 2/Lt, 48118, TAFC.

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

No clothing or PE's found on or with remains

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

United Nations Military Cemetery, Tanggok, Korea. EP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
15 April 1959	1100	SHEET	Star & cresent	45	10	4074

WAS THIS A REBURIAL? [ ] YES [X] NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. - - - - -

PLOT NO.	ROW NO.	GRAVE NO.
- -	- -	- -

TYPE OF RELIGIOUS CEREMONY: General

PERSON CONDUCTING BURIAL RITES: TEVFIK SAHIN, 2/Lt, Chaplain

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY

One (1) copy of this form buried in burial bottle eighteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY: [ ] YES [ ] NO — Two [X] (2)

IDENTIFICATION TAG ATTACHED TO MARKER: [ ] YES [ ] NO — One [X] (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial): GUNDOGOU, MUSTAFA

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
PFC	50159	TAFC	4073

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial): VACANT GRAVE

GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
- -	- -	- -	- -

SIGNATURE OF PERSON PREPARING REPORT: William L McNelly
WILLIAM L. McNELLY, SGT

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Charles E. Turek
CHARLES E. TUREK, Capt, QMC, OIC

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

37230-Army-AG Admin Cen-FEC-2/53-61M

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
EST 5'8	EST 170	UTD	Black	None Noted

BIRTHMARKS, SCARS, OR TATTOOS

None Noted

LAUNDRY MARKS

None Noted

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or PE's found on or with remains

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
				

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER
				

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS

The remains is buried at a 45 degree angle. With the head pointing to the North so that the remains lay in a North-South direction.

TURKEY

IDENTIFICATION DENTAL CHART

ALLIED

DATE: 13 April 1959

NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER
DoNMEZ SULEYMAN	PFC	T-48282

UNIT	ORGANIZATION	CAUSE OF DEATH	DATE OF DEATH
HQ Co TAFC		Vehicle Accident	12 April 1959

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE
2nd Bn, Turk Brig	United Nations Military Cemetery, Pusan	45	10	4074

RIGHT — LEFT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Px				

1. O—AM.
2. DOL—AM.; F—AM.
3. MOD. GOLD FILL.
4. F—GOLD FILL.; ML—AM.
5. MO—AM.
6. ML—GOLD FILL.
7. 3/4 GOLD CR.
8. D—PORC. FILL.
9. PORC. CR.
10. F—PORC. FILL.; L—AM.
11. MF—PORC. FILL.
12. Px—POSTHUMOUSLY MISSING
13. GOLD CR.
14. MISSING
15. MO—AM.; L—AM.
16. MODL—AM.

MARKING ABBREVIATIONS:
F - Facial *L - Lingual* *O - Occlusal* *M - Mesial* *D - Distal* *I - Incisal* *Am - Amalgam* *CR - Crown* *FILL - Filling* *PORC - Porcelain* *BACK - Backing* *FAC - Facing*

CARIES

RESTORATIONS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

UPPER RIGHT — UPPER LEFT

LOWER RIGHT — LOWER LEFT

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

RESTORATIONS

CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART: Byron O. Mellen

VERIFIED BY GRS OFFICER: Claude T. Ashley Jr. Capt

DD FORM 1 SEP 51 569

REPLACES QMC FORM 1045, 1 APR 1947, WHICH IS OBSOLETE.

SEE REVERSE SIDE

22902—FEC P&PC—1/52—50M

DENTURES *(Plates)*: DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. *(For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.)* SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: *(Describe in detail under remarks)*

	MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
	ENAMEL HYPOPLASIA		MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
	EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
	ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
	ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

REMARKS *(If no abnormalities are found make notation to that effect)*

Upper teeth and lowers in fine shape
The upper teeth are broken under the gums away from the Maxilla and Ethmoid plate.

TURKEY

IDENTIFICATION DATA

ALLIED

1. REMAINS OF UNKNOWN				2. DATE OF REPORT	
DoNMEZ SULEYMAN PFC T-48282				15 April 1959	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
United Nations Military Cemetery, Tanggok, Korea	45	10	4074		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 170	EST 5'8	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) cert. of identity rec'd with remains reads: DoNMEZ SULEYMAN, PFC, 48282

2. Six(6) cert. of death rec'd with remains reads: DoNMEZ SULEYMAN, PFC, 48282

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None Noted

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	
15. WAS BODY MANGLED ?	TO WHAT EXTENT ?
☐ YES ☒ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

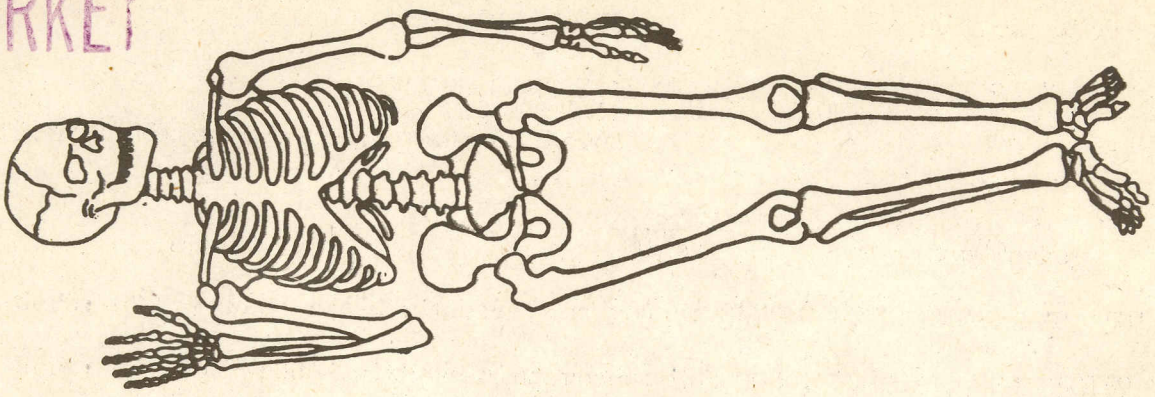
None Noted

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

No clothing or PE's found on or with remains

19. BLACK OUT PARTS OF BODY N[illegible] RECOVERED

TURKEY



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

_____

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains complete and intact

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
WILLIAM L. McNELLY, SGT, RA-15412607, 28th QM DET.(R & D)	William L McNelly

QMC FORM 18 MAR 47 1044b

5762—FEC P&PC—9 50—250M

TURKEY

CERTIFICATE OF DEATH

ALLIED

I IDENTIFICATION OF DECEASED

A. LAST NAME - FIRST NAME - MIDDLE NAME	B. SSN/SS NO.	C. RANK/RATING	D. SEX
DoNMEZ SULEYMAN	48282	Pfc	M

E. ORGANIZATION OR EMPLOYING AGENCY AND ADDRESS	APO	F. RACE/NATIONALITY	G. MARITAL STATUS
Headquarter Company T.A.F.C. TAPO 5401 TOKYO JAPAN	5401	W Turkish	Married

H. CATEGORY (SR 600-750-1)
[X] ARMY [ ] DAC [ ] DEPENDENT*
[ ] NAVY [ ] DNC [ ] OTHER (Specify)
[ ] AIR FORCE [ ] DAFC

*I. IF DEPENDENT (Name and address of individual upon whom dependent)

J. BIRTH DATE	K. BIRTH PLACE (City or Town, State and Country)	L. IF FOREIGN BORN
1937	Karacaviran Koyu URGUP NEVSEHIR TURKEY	NATURALIZED [ ] YES [ ] NO

M. USUAL OCCUPATION (In homeland and/or prior to military svc)	N. DESIGNATED RESIDENCE (Street No. City or Town, County & State)
FARMER	Hasan Bagtan oglu Karacaviran Koyu URGUP Nevsehir TURKEY

II IDENTIFICATION AND NOTIFICATION OF NEXT-OF-KIN

A. RELATIONSHIP	C. METHOD USED	D. LAST NAME - FIRST NAME - MIDDLE INITIAL
B. NOTIFIED [ ] YES [ ] NO	[ ] AG CASUALTY [ ] OTHER (Specify)	E. ADDRESS (City or Town, County and State)

III IDENTIFICATION OF PARENTS

	LAST NAME - FIRST NAME - MIDDLE INITIAL	COUNTRY OF BIRTH
A. FATHER [ ] LIVING [X] DECEASED		
B. MOTHER [ ] LIVING [X] DECEASED		

IV MEDICAL CERTIFICATION

A. PLACE OF DEATH (City or Town, State or APO)	B. DATE OF DEATH				C. ATTENDED DECEASED		D. DECEASED LAST SEEN
	HOUR	DAY	MONTH	YEAR	FROM (Date)	TO (Date)	DATE
2ndBat.of Turkish Brigade	17.30	12	4	59			

E. NAME OF HOSPITAL: T.A.F.C. Medical Company — INTERVAL BETWEEN ONSET & DEATH

F. IMMEDIATE CAUSE OF DEATH (If external cause fill in Item IV L below)
His head was broken in a jeep accident.

G. DUE TO

H. DUE TO

I. ADDITIONAL DIAGNOSIS

J. DATES OF MAJOR OPERATIONS AND SIGNIFICANT FINDINGS — K. AUTOPSY PERFORMED [ ] YES [X] NO

L. IF DEATH DUE TO EXTERNAL CAUSE, STATE DETAILS OF WOUND, INJURY OR ACCIDENT (How, when, where)
He was driving a jeep, going to 2nd Bat. Turkish Brigade, he couldn't control the jeep it fell down and he died suddenly.

M. I CERTIFY THAT DEATH OF THE ABOVE NAMED DECEASED OCCURRED AS INDICATED

DATE	TYPED NAME AND RANK OF MEDICAL OFFICER	SIGNATURE OF MEDICAL OFFICER
12 April 1959	Sayin Mahmut 2Lt. Mi.	

V MORTICIAN REPORT (Final dispositions of remains)

A. (Check applicable box)
[ ] BURIED LOCALLY [ ] REMAINS SHIPPED TO HOMELAND
[ ] CREMATED LOCALLY [ ] ASHES SHIPPED TO HOMELAND

B. NAME OF CEMETERY: United Nations Military Cemetery, Pusan
C. ROW 10 D. PLOT 4074 E. GRAVE

F. TYPED NAME OF EMBALMER	G. LICENSE NO.	SIGNATURE OF EMBALMER
	H. STATE HELD	

USF FORM 1 APR 54 89 REPLACES FEC FORM 89, 1 APR 54, WHICH MAY BE USED.

Army-Admin Cen-Japan

293D QUARTERMASTER COMPANY
(GRAVES REGISTRATION)
APO 971

TURKEY
ALLIED

CERTIFICATE OF IDENTITY

CURRENT DEATH

DATE: 13 April 1959

1. I, the undersigned, do certify that the deceased, which I have (personally viewed) (seen photographs of) are those of:

DOMEZ SULEYMAN — Pfc. — 48282
Last Name, First Name, MI, Rank, ASN.

Headquarter Company T.A.F.O. TAPO 5401 TOKYO JAPAN
Organization. APO

2. My identification is based upon personal acquaintence covering a period of: 1. II Months. 2. II Months. 3. II Months.
(specified in weeks, months, or years)

3. I recognize the deceased because of the following; (X) Facial Features, ( ) Scars, ( ) Birthmarks, or as listed below:

1. signed: [signature]

typed: ~~ATA AINET~~

Cpl — 48063
RANK ASN

Headquarter Co. T.A.F.O.
ORGANIZATION

VERIFIED:

(signed)

IREZ NEZIH
(typed)

2 Lt. — 48118
(rank) (ASN)

Medical Co. T.A.F.O.
(organization)

2. signed: [signature]

typed: ~~INCEFIKIR SALIH~~

~~Pfc.~~ — 48257
RANK ASN

~~Headquarter Co. T.A.F.O.~~
ORGANIZATION

3. signed: [signature]

typed: ~~DOMEZ OMER~~

Pvt. — 48248
RANK ASN

Headquarter Co. T.A.F.O.
ORGANIZATION

(293 Opns .12)

AMERICAN GRAVES REGISTRATION SERVICE
FINGERPRINT FORM

TURKEY

DoNMEZ SULEYMAN, T-48282 Date: 13 April 1959
Name and Service No. or Unknown No.

Cemetery United Nations Military Cemetery, Tanggok, Korea Plot 45 Row 10 Grave 4074

NOTE AMPUTATIONS:

CLASSIFICATION _____

REFERENCE _____

REMARKS:

LEFT HAND


10. Little Finger


9. Ring Finger


8. Middle Finger


7. Index Finger


6. Thumb

RIGHT HAND


5. Little Finger


4. Ring Finger


3. Middle Finger


2. Index Finger


1. Thumb

Impressions taken by:

Signature of Individual
Taking Prints

34712-Army-AG Admin Cen-FEC-12/52-30M

REPORT OF INTERMENT 1905c

DATE OF REPORT: 15 April 1959

TYPE OF REPORT: ☑ INITIAL ☐ SUPPLEMENTAL (Reason)

Imprint Identification Tag If Possible. DO NOT TYPE

Turkey I.D. tags Unable to Print

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial)	SERVICE NUMBER
DONMEZ SULEYMAN	T-48282

GRADE	ORGANIZATION	BRANCH OF SERVICE
PFC	HQ Co TAFC	ARMY

RACE	RELIGION	COUNTRY (If not U.S.)
CAC/TURKEY	ISLAM	TURKEY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
2nd Bn, Turk Brig	Vehicle Accident	12 April 1959

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none): NONE

WERE SUBSTITUTE TAGS PROVIDED? three ☒ YES ☐ NO (3)

IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified fill in section 3 on reverse) Cert of identity recd with remains Signed by ATA AHMET, INCEFIKIR SALIH, DONMEZ OMER, TAFC, Verified by IREZ NEZIH, 2/LT, 48118, TAFC.

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

No clothing or PE's found on or with remains

SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

United Nations Military Cemetery, Tanggok Korea, EP-089868

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
15 April 1959	1100	SHEET	Star & Cresent	45	10	4074

WAS THIS A REBURIAL? ☐ YES ☑ NO

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE.

PLOT NO.	ROW NO.	GRAVE NO.
—	—	—

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES
General	TEVFIK SAHIN 2/LT, Chaplain

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY: one (1) copy of this form buried in burial bottle eighteen (18) inches below grave marker at head of grave.

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
Two ☑ YES ☐ NO (2)	One ☑ YES ☐ NO (1)

REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
GUNDOGOU, MUSTAFA	PFC	50159	TAFC	4073

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial)	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
VACANT GRAVE	—	—	—	—

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

DD FORM 1 JUL 51 551 REPLACES QMC FORM 1042, REV. 1 APRIL 1946, WHICH IS OBSOLETE.

45-791-Army-AG Admin Cen-AFFE-5M

SECTION 3. - UNIDENTIFIED REMAINS

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND *(Grid Coordinates)*
EST 5'8	EST 170	OTD	BLACK	NONE NOTED

BIRTHMARKS, SCARS, OR TATTOOS

NONE NOTED

LAUNDRY MARKS

NONE NOTED

WEAPON(S) WITH SERIAL NUMBER(S)

N/A

OTHER IDENTIFICATION CLUES *(Including other remains recovered or associated with this remains).*

No clothing or PE's found on or with remains

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS *(or as many as possible)* IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND

1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER

LEFT HAND

6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

DO NOT WRITE IN THIS SPACE *(For FBI use only)*

REMARKS The remains is buried at a 45 degree angle, with the head pointing to the North- So that the remains lay in a North-South direction

1952

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
DONMEZ SULEYMAN PFC T-48282				15 APRIL 1959
3. NAME OF CEMETERY	**4. PLOT**	**5. ROW**	**6. GRAVE**	**7. DATE OF** DISINTERMENT / REINTERMENT
United Nations Military Cemetery, Tanggok Korea	45	10	4074	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
EST 170	EST 5'8	Black	Cau/Turkish

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

1. Six(6) Cert. of identity rec'd with remains reads: DONMEZ SULEYMAN PFC 48282

2. Six(6) Cert. of death rec'd with remains reads: DONMEZ SULEYMAN PFC 48282

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE NOTED

14. WAS BODY BURNED ?	TO WHAT EXTENT ?
☐ YES ☑ NO	
15. WAS BODY MANGLED ?	**TO WHAT EXTENT ?**
☐ YES ☑ NO	

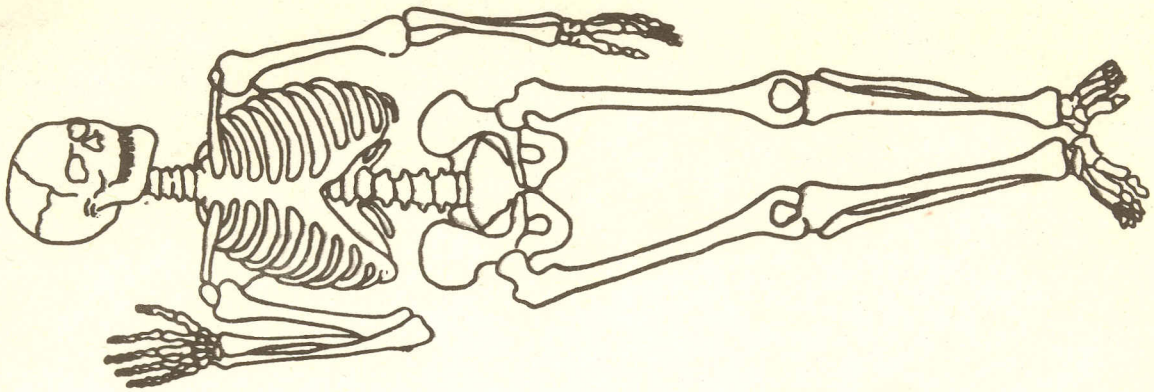
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE NOTED

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry merks are indistinct such notation should be made end specimen forwarded through channels for examination when facilities are not available in the area)

No clothing or PE's found on or with remains

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

_____

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains Complete and intact

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE